

COMMONWEALTH OF VIRGINIA
Department of Health Professions
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230

DATE: _____
TIME: _____
MILEAGE: _____
INSPECTION HOURS: _____

WHOLESALE/DISTRIBUTOR INSPECTION REPORT

Facility Name: _____ Permit No.: _____ Exp. Date _____

Address: _____

Owner: _____ Lic. No.: _____ Exp. Date _____

Person in Charge: _____ Phone No: _____ Hrs. of Oper. _____

<u>FACILITY:</u>	<u>YES</u>	<u>NO</u>	<u>DOCUMENTATION</u>
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- | | | | |
|--|-------|-------|--|
| 1. Required licenses displayed? | _____ | _____ | |
| 2. Facility is of adequate size to facilitate proper operation? | _____ | _____ | |
| 3. Storage area provides adequate lighting, ventilation, temperature and sanitation? | _____ | _____ | |
| 4. Quarantine area designated for outdated, misbranded drugs? | _____ | _____ | |
| 5. Facility maintained in a clean and orderly manner? | _____ | _____ | |
| 6. Facility free from infestation by insects or rodents? | _____ | _____ | |

SAFEGUARDS AGAINST DIVERSION OF DRUGS:

- | | | | |
|---|-------|-------|--|
| 7. Facility secured to prevent unauthorized entry? | _____ | _____ | |
| 8. Access to facility kept to a minimum and controlled? | _____ | _____ | |
| 9. Outside perimeter of premises well lighted? | _____ | _____ | |
| 10. Access to Schedule II - VI drugs limited to authorized personnel? | _____ | _____ | |
| 11. Sound, microwave, photoelectric, ultrasonic, or other generally accepted device installed in each drug storage and dispensing area? | _____ | _____ | |
| a. Device maintained in operating order? | _____ | _____ | |
| b. Device protects immediate drug storage area? | _____ | _____ | |
| c. Device have auxiliary power source? | _____ | _____ | |

	<u>YES</u>	<u>NO</u>	<u>DOCUMENTATION</u>
d. Storage area for Schedule II - VI drugs restricted to a limited number of designated employees?	_____	_____	
e. Reasonable measures taken to prevent pilfering of drugs from restricted area?	_____	_____	
12. System to protect computerized record tampering?	_____	_____	
13. Prescription drugs maintained at a temperature in accordance with requirements on labels?	_____	_____	
14. Device or manual system maintained to document proper storage of prescription drugs?	_____	_____	
15. Quarantine area for misbranded or damaged prescription drugs?	_____	_____	
<u>DRUG INVENTORY AND RECORDS:</u>			
16. Schedule II - VI drugs records maintained at facility for two (2) years?	_____	_____	
17. Required inventories of Schedule II - V drugs:			
a. Biennial inventory?	_____	_____	
1. Inventory date: _____			
2. Opening of business: _____			
3. Closed of business: _____			
4. Inventory signed: _____ Name			
18. Inventories and records of Schedule II drugs maintained separately from all other records?	_____	_____	
19. Inventories and records of Schedule III - V drugs maintained separately or with records of Schedule VI drugs?	_____	_____	
20. Schedule II - VI records maintained at same location as stock of drugs to which records pertain?	_____	_____	
21. Receipt of Schedule II - VI drugs dated with the actual date of receipt?	_____	_____	
22. Schedule II distribution records maintained separately from other distribution records?	_____	_____	
23. Schedule III - V distribution records maintained separately or filed with Schedule VI distribution records?	_____	_____	
24. Distribution records include:			
a. Date distributed?			

	<u>YES</u>	<u>NO</u>	<u>DOCUMENTATION</u>
b. Name and address of person receiving drug?	_____	_____	
c. Name and strength of drug?	_____	_____	
d. Quantity distributed?	_____	_____	
25. Inventories and records of all transactions regarding receipt of prescription drugs include:			
a. Source of drugs including name and address of seller, and location from which drugs shipped?	_____	_____	

RECORD KEEPING PROCEDURES:

26. Written procedures for storage, receipt, security, inventory and distribution of prescription drugs?	_____	_____
27. Written procedure for distribution of oldest stock first?	_____	_____
28. Written procedures for handling recalls and withdrawals?	_____	_____
29. Written procedures for handling disposition and storage of prescription drugs?	_____	_____

General Remarks:

Action Taken:

(1) _____ New Inspection	(4) _____ Drug Destruction
(2) _____ Routine Inspection	(5) _____ Drug Audit
(3) _____ Reinspection	(6) _____ Other _____ (Specify)

Acknowledgement:

This wholesaler has been inspected by an inspector of the Department of Health Regulatory Boards. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

Inspector (Dept. of Health Professions)

Person in Charge

Date

Time of Exit

Title of Authorized Individual